PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

								10/374574					
		CLAIMS	AS FILED -	••				SMALL EN	•	QR	OTHER THAN SMALL ENTIT		
<u>.</u>	NATIONAL	STAGE FEES	(Columr	1)	•	(Column 2)].			7			
0.0	. NATIONAL	OTAGE FEES	-		-			RATE	FEE		RATE	FEE .	
BASIC FEE			SMALL ENT.		• •	GE ENT. = \$ 300		BASIC FEE		OR.	BASIC FEE	300	
EXAMINATION FEE			Satisfies PCT Ar (4) = \$50	\$ 100		ther situations = 3 100 / \$ 200		EXAM. FEE			ЕХАЙ. FEE	200	
SEA	ARCH FEE		U.S. is ISA = \$ ALL other cou \$ 200 / \$	ntries =		other situations = . 3 250 / \$ 500]·	SEARCH FEE			SEARCH FEE	500	
FEE	FOR EXTRA	SPEC. PGS.	minu	is 100 =		/ 50 =		X \$ 130 =			X \$ 260 =		
тот	AL CHARGEA	BLE CLAIMS	B min	us 20 =	*			X \$ 25 =		OR	X \$ 50 =	1	
IND	EPENDENT CI	AIMS	γ minus 3 = *					X \$ 105 =	·	OR	X \$ 210 =		
MUI	TIPLE DEPEN	IDENT CLAIM PR	ESENT					+ \$ 185 =		OR	+ \$ 370 =		
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	ENTITY	: OR	OTHER SMALL E	•	
ATN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**	· ·	=		X \$ 25 =		OR	X \$ 50 =		
AME	Independent	*	Minus	***		=		X \$ 105 =		OR	X \$ 210 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 185 =		OR	+ \$ 370 =		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 4)		(0 alone		(0.1	٠					•	
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIOU PAID F	ST ER USLY	(Column 3) PRESENT EXTRA		RATE	ADDJ- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		æ		X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=		X \$ 105 =		ÖR	X \$ 210 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	+ \$ 185 =		OR	+ \$ 370 =		
			L	TOTAL ADDIT. FEE		OR _.	TOTAL ADDIT. FEE						
**	If the "Highest Nu If the "Highest Nu	imn 1 is less than the imber Previously Pai imber Previously Pai nber Previously Paid	d For" IN THIS SPA d For" IN THIS SPA	ACE is less	than '20 than '3',)', enter "20". , enter "3".	in the	e appropriate box	in column 1.				